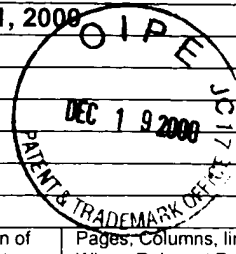


Substitute for form 1449A-B/PTO  INFORMATION DISCLOSURE STATEMENT BY APPLICANT  (use as many sheets as necessary)	Complete if Known	
	Application Number	09/654,603
	Filing Date	September 1, 2000
	First Named Inventor	Chazan
	Group Art Unit	1723
	Examiner Name	
	Attorney Docket Number	100/08510



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DXA1	CD	09/231,209	Chow	NA	

Examiner Signature	<i>[Signature]</i>	Date Considered	3/18/03
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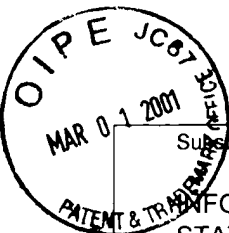
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gkn	CG	WO	9702357		Affymetrix, Inc.	01-23-1997		
	CH							

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Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		T
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Examiner Signature	<i>DLH</i>	Date Considered	3/18/03
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		Office	Number	Kind Code (if known)				
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	AM							
	AN							

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	AP		
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	AR		
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